Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000097032 3)))



H210000970323ABCY

Note	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this-page. Doing so will generate another cover sheet.										;		
				·;			• • •		,	•	•	\$7 \	7

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

														3.5
**Ent	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
				mailin										

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION

Lyons Legal Transportation Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2 of 3 03/10/2021 9:42 AM

(((H21000097032 3)))

To:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME he name of the corpora	tion shall be: Lyons	Legal Tr	ransportation	Inc.	
RTICLE II PRINC 103 Little R New Port Rich	Principal street address			Mailing address, if different i	8 :
RTICLE III PURP te purpose for which t	OSE he corporation is organ	ized is: _Lega	l transporta	ition	· · · · · · · · · · · · · · · · · · ·
	<u> </u>				21 22 28 m
				ASSEC FILE	3 5
RTICLE IV SHAR.	<u>ES</u> 1000			ORIDA	03
TICLE V INITIA	L OFFICERS AND/O		*	andrew Lyons, V	ice Preside
Address	4103 Little		Address:	4103 Little Roa	
	New Port Ric	hey, FL 3		New Port Richey	, FL 34655
Name and Title:	Karen Lyons,	Treasure	Name and Title	andrew Lyons, S	Secretary
	4103 Little	D = 4		4103 Little Road	
	New Port Rich	ney, FL 3	465 5	New Port Richey,	FL 34655
Name and Title:			Name and Title	:	
Address		**-*	Address:		
					

To:

Fax: (850) 617-6381

Page: 3 of 3

03/10/2021 9:42 AM

(((H21000097032 3)))

Name an	d Title:	Name and Title:				
Address		Address:				
	REGISTERED AGENT					
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	Andrew Lyons					
Address:	4103 Little Road					
	New Port Richey, FL 34655	21 TAL				
ARTICLE VII	<u>INCORPORATOR</u>	FILE 21 MAR 10 SECRETARY ALLAHASSER				
The <u>name and a</u>	ddress of the Incorporator is:	SSEE THE SEE SEE				
Name:	Andrew Lyons					
Address:	4103 Little Road	M 8: 03 FLORIDA				
	New Port Richey, FL 34655					
Effective date, if	EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prior or 90 days after the				
Note: If the date	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as				
	ned as registered agent to accept service of process fo amiliar with and accept the appointment as register	r the above stated corporation at the place designated in this ed agent and agree to act in this capacity				
		3/9/2021				
	Required Signature/Registered Agent	Date				
	rument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a as provided for in s.817.155, F.S.				
		3/9/2021				
Required Signatu	re/Incorporator	Date				